



Radiation Safety Program
 720 Westview Drive, S.W.
 Atlanta, Ga 30310
 Office: 404-756-5783
 Email: cbynum@msm.edu

Request for Radiation Monitoring Badge

As required by Title 10, Chapter 1, Part 19, Code of Federal Regulations, U.S. Nuclear Regulatory Commission, the following information regarding your past work-related radiation exposure is necessary for issuance of a monitoring badge. Fill in the blanks, sign, and return to the Office of Radiation Safety.

Authorized Users Name:	
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Full Name: _____ **Date of Birth:** _____

Social Security#: _____ **Job Title:** _____

Email Address: _____

Bldg. /Room: _____ **Phone No.:** _____

Clark Atlanta University
 Morehouse College
 Spelman College
 Morehouse School of Medicine

Previous Educational / Employment Records Involving work with Radioactive Materials

Name :				
Address:		City:	State:	Zip:
Dates :	From:	To:		

Name :				
Address:		City:	State:	Zip:
Dates :	From:	To:		

Name :				
Address:		City:	State:	Zip:
Dates :	From:	To:		

I authorize release of all my radiation exposure history as listed above.

Signature

Date